# *TRICARE Europe New Commander's Orientation*

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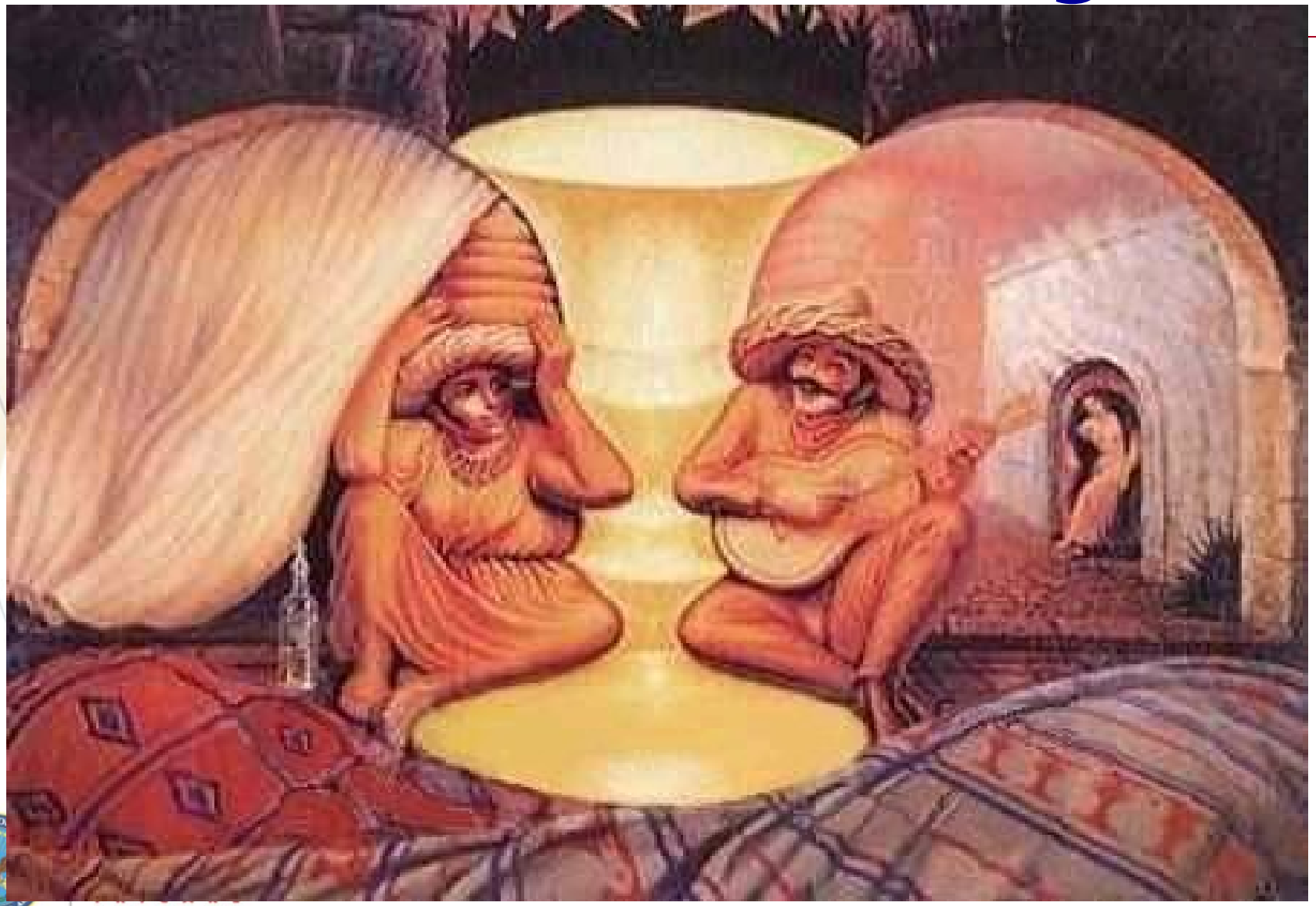
# How Do You See Things?



# Objectives

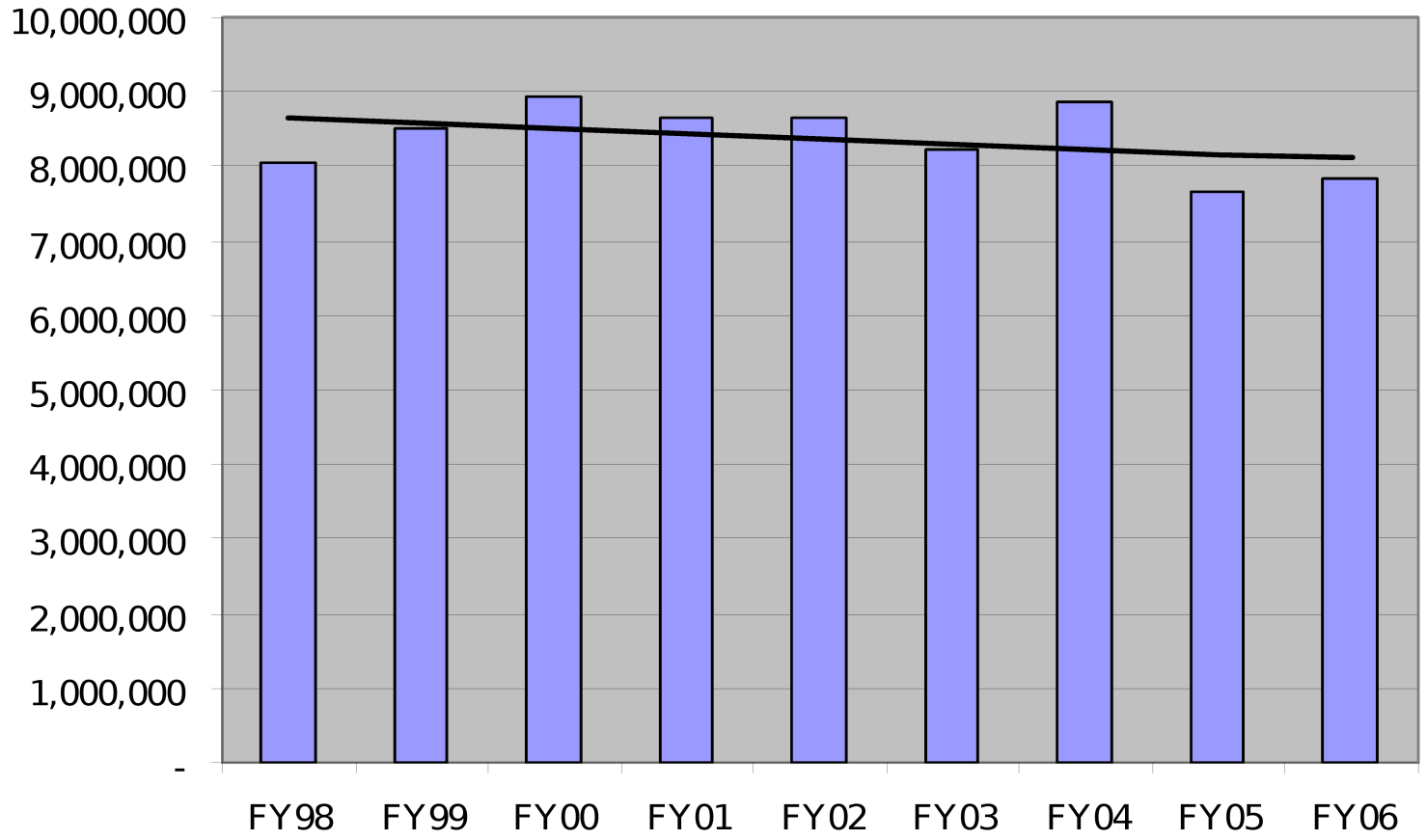
- Discuss the Roles and Responsibilities of

  TAO-E
- Discuss the TRICARE Responsibilities of the MTF Commander
- Understand the Preferred Provider Network and the Partnership Program
- Identify TRICARE Tools and Resources

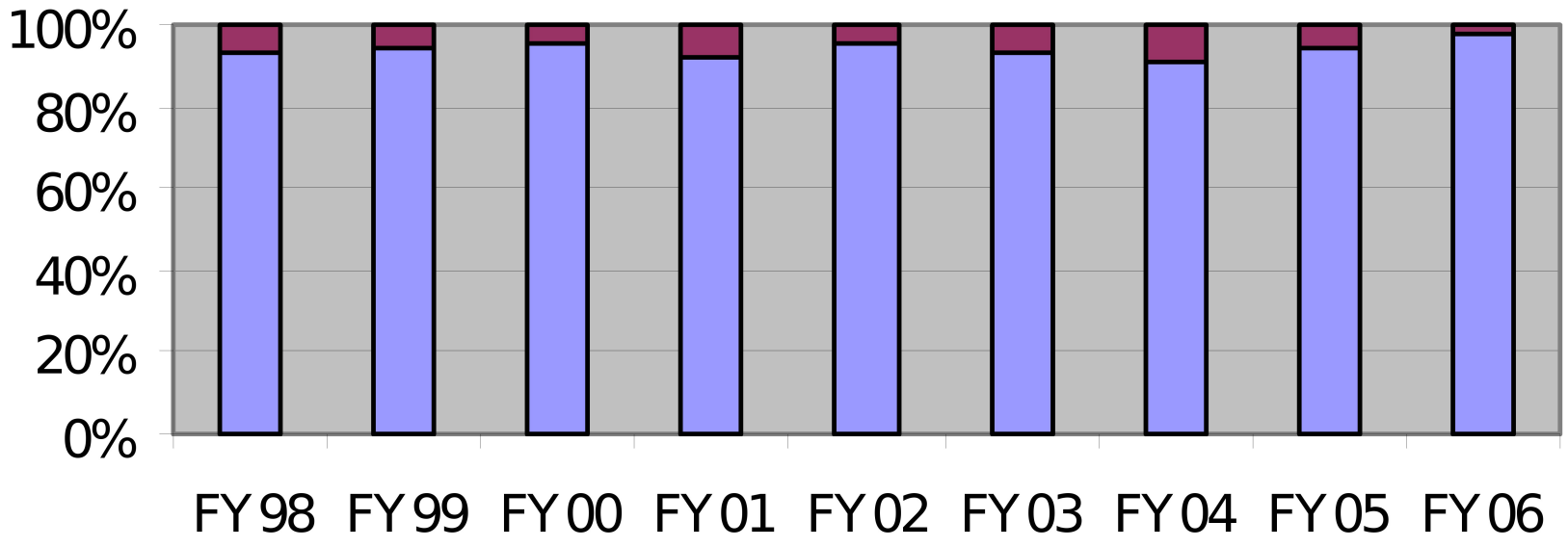
# *Historical Perspective*

- TRICARE Overseas Offices transitioned FY 05 to TRICARE Area Offices (TAOs) directly under TMA
- Standardization of OCONUS TAOs
- TAO-E staffing reduced from 36 to 25
- TAO-E budget reduced

# Our Funding Over the Years



# Our Discretionary Funds Over the Years



# Roles and Responsibilities

TAOs – We “manage the health plan”

MTFs – Direct Care and surrounding PPN

# TAO-E
# Three Divisions

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# Program Operations Division Functions

- **Customer Support Services**
  - MTF MSCs and Central TRICARE Service Center
  - Beneficiary counseling and assistance
  - Claims processing issues
  - Benefit and policy interpretation/input
  - Training
  - Reserve Liaison
- **Remote Site Program**
  - TRICARE Global Remote Overseas (TGRO) program management
  - Point-of-Contact program and training
- **Public Affairs & Marketing**
  - Media relations
  - Marketing

# *Your TRICARE Service Center (TSC)*

- **You own the TSC**
  - BCACs/HBAs/DCAOs – MTF staff
  - SAIC contract employees – TAO-E holds the contract
    - Enrollment/disenrollments, portability and briefings
- **Ensure TSC staff know the TRICARE program**
  - Fundamentals Course
  - Overseas Course
  - Computer applications and systems
  - Know what referred care is being authorized
- **Ensure TSC staff know how to help providers and beneficiaries**
- **Stay abreast of claims issues – ask about backlog**

# Program Operations Division Active Issues

- Provision of claims data to MTF Commanders via CMS reporting mechanism
- Leadership in addressing claims problems
- Initiation of Point-of-Service option at TGRO sites
- Prime enrollment of unaccompanied family members overseas
- Education Programs

# *Business Operations Division Functions*

- **Finance and Acquisition**
  - Resource management
  - Personnel
  - Contract administration
- **Information Management**
  - Network administration
  - Application development
  - Metrics & Data analyses

# Business Operations Division Active Issues

- Oversight of Translations contract
- Development and maintenance of database applications specific to European theater
  - Army and Air Force have “data cells” in theater
  - Fewer data pulls by TAO-E

# Clinical Operations Division Functions

- Host Nation Quality Program
- Case Management
  - Pre-approval for Inpatient Mental Health
  - Pre-approval for Morbid Obesity and Plastic Surgery
- PPN/Partnerships
- WIC-O
- Nurse Advice Line
- Dental Program
- Network Adequacy/Utilization

# *Clinical Operations Division Active Issues*

- Initiated key quality healthcare initiatives
- Provided clinical case management to 1200 beneficiaries in FY-05
- Increase in severity of case management cases
- Centralized HN Provider MOUs for plastic surgery and morbid obesity surgery
- Centralized HN provider peer review – *proposed*
- Added appointing feature and telephone consults to Nurse Advice Line program

# *The Preferred Provider Network (PPN)*

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# *Things that can test network capacity*

- Deployments out
- Deployments in—increased population
- Appropriation of MTF resources for contingency
- Terrorist events/threats
- Changes in aero-medical evacuation capacity
- Non-combatant evacuations
- Transformation/Restationing

# *Purchased Care*

- Host nation providers
  - "down-town"
- Partnership providers
  - "in-house"
- In Germany (FY 05) TRICARE paid
  - ❖ 15 % of all out patient visits
  - ❖ 44% of all admissions
- We need "purchased-care" support to survive

# *Preferred Providers*

- Host nation providers
  - join Preferred Provider Network via MOU (memorandum of understanding)
    - PPN MOU in past was more administratively focused
    - Clinical aspects being redefined (quality oversight)
    - MOU being rewritten
- TAO-E will credential certain providers
    - i.e. mental health facilities, plastic and bariatric services.

# *Partnership Providers*

- Work out of the MTF but no cost to MTF (TRICARE pays)
- Requirements:
  - MTF Business Case Analysis
    - demonstrates costs cheaper than using PPN
    - MTF staff is optimized
  - Formal agreement for price and medical specialty (binding for 24 months)

# *Partnership Providers*

Involves request & approval hierarchy (90 day process)

- Start at local MTF and follows services chain of command for Service Surgeon General concurrence.
- Approval required by TAO-E and TMA

- Agreements revalidated every 12 months

# *Partnership Pros and Cons*

## Pros

- Partnerships offer better continuity of care and patient satisfaction
- Communication improved and no “down-town” travel

## Cons

- Partnership providers not to be used as PCMs
- Little MTF incentive to manage dollars spent by TRICARE
- Contracted employee cheaper?

# TAO-E Tools and Resources

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# *Tools*

- Claims Management System
- Customer Comment Card
- Host Nation Provider Administration Tool
- Managed Care Optimization Tool (MCOAT)
- Translations Automated Data Input and Verification System (TADIVS)

# IMIT Tools

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# *Important Websites*

TRICARE Europe Office (TEO) Website

https://www.europe.tricare.osd.mil

TRICARE Management Activity (TMA)

Website: http://www.tricare.osd.mil

DEERS – address changes

https://www.dmdc.osd.mil/udpdri/owa/change.address

TRICARE Online

www.tricareonline.osd.mil

TRICARE Europe

# Your Passport to Quality Health

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*Questions?*